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December 29, 2005

10/537,099

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Application Number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009				First Named Inventor		Antonie Selis VAN DE BOVENKAMP		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		D. BANH		
				Art Unit		2854		
TOTAL AMOUNT OF PAYMENT (\$) 490.00			1	Attorney Docket No.		2409-0154PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
☐ Charge any additional foe(s) or underpayments of fee(s) ☐ Credit any overpayments WARNING: Information on this form may become public, Credit card information as hould not be included on this form. Provide credit card information as hubbrization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee		e (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	1	10	0.00
Design	220	110	100	50	140) :	70	0.00
Plant	220	110	330	165	170) ;	85	0.00
Reissue	330	165	540	270	650	32	25	0,00
Provisional	220	110	0	0)	0	0.00
2. EXCESS CLAIM FEES Small Entity Fee Description 52 26 Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195								Fee (\$) 26 110
Total Claims								endent Claims
HP = highest number of tota		XX		0.00			Fee (\$)	Fee Paid (\$) 0.00
Indep. Claims 2 - 3 or HP = HP = highest number of inde	Extra Clair 0	ns Fee (\$)	Fee (Paid (\$) 0.00				0.00
3. APPLICATION SIZE If the specification and	FEE I drawings o	exceed 100 shee	ts of pap	er (excluding o	electron	ically fil	ed sequenc	ce or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
shects or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = 0 / 50 = 0 (round up to a whole number) x = Fee (S) = Fee (S) = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Second 1. Second								
Other (e.g., late filing surcharge): Two Month EOT 490.00								
SUBMITTED BY (//								
Signature	17	7	F	Registration No. 2	13368		Telephone	703-205-8000
Name (Print/Type) Paul C. L.	ewis						Date Marr	ch 14, 2011

This collection of hitomation is required by 37 CPR 1.138. The information is required to obtain or retain a benefit by the quible which is to like (and by the USPTO lop posses) an application. Conferentially is governed by 58 U.S. CL 22 and 37 CPR 1.14. This collection is estimated to that 80 minutes to complete, including agathering, preparing, and submitting the completed application from to the USPTO. Time wit very depending upon the influential case. Any comment on the amount of time you require to complete his from anider suggestions for noticing this bardine, should be sent to the Chief inflormation Officer. U.S. Patient and Trademark Officer. U.S. Department of Commence, P.O. Box 1450, Mexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Mexandria, VA 22313-1450.